

## INFORMED CONSENT FOR CLIENTS CHOOSING DEPO-PROVERA BEYOND TWO YEARS

I am aware that scientific studies have indicated an increased risk of developing decreased bone density/osteoporosis with use of Depo-Provera beyond 2 years. I understand the following risk factors may increase my risk.

- Cigarette smoking
- Age less than 30
- Body traits
  - Asian
  - Petite
  - Fair-skinned
  - Blonde
  - Thin or small-boned
- Lack of exercise (less than 30 minutes per day, 3 – 4 days per week)
- Low calcium intake (less than 1,000 mg per day for adults)
- History of hip fractures on mother's side of the family
- Alcohol abuse
- High levels of caffeine

I have received information regarding the risk of the continued use of Depo-Provera beyond 2 years and the risk factor(s) above. I understand the risk and I have had my questions answered. Nonetheless, I request that Depo-Provera be prescribed for me.

I hereby release the South Dakota Family Planning program, its medical providers, and employees from any and all liability arising out of or connected with my decision to continue to use Depo-Provera.

[illegible]